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PAGE 6/25 - RCVD AT 11/25/2009 3:12:39 PM [Eastern Standard Time] - SVR:USPTO-EF-XRF-6/1 - DNIS:2738300 - CSID:914 969 2992 - DURATION (mm:ss):03:22

PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0851-0032

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Effective on 12/09/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).

FEE TRANSMITTAL **For FY 2009**

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **405.00**

Complete if Known

Application Number **10/764,632**
Filing Date **JANUARY 26, 2004**
First Named Inventor **RAYMOND A. JOAO**
Examiner Name **V. LUBIN**
Art Unit **3626**
Attorney Docket No. **RJ213**

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195
Total Claims		
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims		
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ **Extra Sheets** _____ **Number of each additional 50 or fraction thereof** _____ **Fee (\$)** _____ **Fees Paid (\$)** _____
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)


Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **RCE FILING FEE**

Fees Paid (\$)

\$405.00

SUBMITTED BY

Signature  Registration No. **35,907** Telephone **914-969-2992**
Name (Print/Type) **RAYMOND A. JOAO** Date **11/25/09**

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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

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SUBMITTED BY

Signature [Signature] Registration No. 35,907 Telephone 914-969-2992
Name (Print/Type) RAYMOND A. JOAO Date 11/25/09

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